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*SAV*  
 \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/465,366 04/24/2003

*SPT*  
 \*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*None*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/22/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY AZ	SHEETS DRAWING 15	TOTAL CLAIMS 47	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Signature</i> Examiner's Signature	Initials		

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## TITLE

Web adjuster and harness for child restraint seat

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )